

N/A P  
12.31

## State of Minnesota

## District Court

County

Hennepin County

Judicial District: Fourth

Court File Number:

Case Type:

Regine Ndifor  
Petitioner

## Summons

vs / and

St. Clairsville Medical group / Sterling Medical Corporation  
Respondent

This Summons is directed to:

St. Clairsville Medical group / Sterling Medical Corporation  
411 Oak Street 45219

1. **You are being sued.** The Petitioner has started a lawsuit against you. The Petitioner's Complaint against you is attached to this Summons. Do not throw these papers away. They are official papers that affect your rights. You must respond to this lawsuit even though it may not yet be filed with the Court and there may be no court file number on this summons.

2. **You must reply within 20 days to protect your rights.** You must give or mail to the person who signed this Summons a written response called an Answer within 20 days of the date on which you received this Summons. You must send a copy of your Answer to the person who signed this Summons located at:

10259 Englewood Drive, Eden Prairie, MN 55347

3. **You must respond to each claim.** The Answer is your written response to the Petitioner's Complaint. In your Answer you must state whether you agree or disagree with each paragraph of the Complaint. If you believe the Petitioner should not be given everything asked for in the Complaint, you must say so in your Answer.

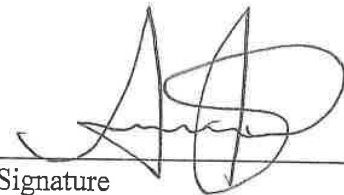
4. **You will lose your case if you do not send a written response to the complaint to the person who signed the summons.** If you do not answer within 20 days, you will lose this case. You will not get to tell your side of the story, and the Court may decide against you and award the Petitioner everything asked for in the Complaint. If you do not want to contest the claims stated in the Complaint, you do not need to respond. A default judgment can then be entered against you for the relief requested in the Complaint.

5. **Legal Assistance.** You may wish to get legal help from a lawyer. If you do not have a lawyer, the Court Administrator may have information about places where you can get legal

assistance. Even if you cannot get legal help, you must still provide a written answer to protect your rights or you may lose the case.

6. **Alternative Dispute Resolution.** The parties may agree to or be ordered to participate in an alternative dispute resolution process under Rule 114 of the Minnesota Rules of Practice. You must still send your written response to the Complaint even if you expect to use alternative means of resolving this dispute.

Dated: 11/28/2018

  
Signature

Name: Regine Ndifor  
Address: 10259 Englewood Drive  
City/State: Eden prairie MN  
Zip Code: 55347  
Telephone: 617 413 4952  
Email: Ndiforg74@yahoo.com

State of Minnesota

District Court

County
Hennepin

Judicial District:	Fourth
Court File Number:	
Case Type:	

Regine Ndifor  
Petitioner

Complaint

vs / and

St. Clairsville Medical group / Sterling Medical Corporation  
Respondent

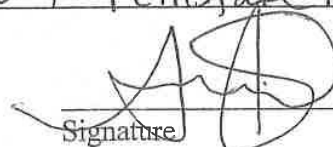
The Petitioner complains of Respondent(s) and alleges the following:

Wrongful termination, corporate discrimination after disability/accommodation request, Retaliation/Reprisal against my grievance and request for accommodation  
Invasion of privacy, termination of VA privileges in retaliation to my email requesting for accommodation making it difficult for me to find any employment with good & main companies, false accusations  
Distraction/Disposal of personal property  
Putting my life in danger, pain & suffering  
Assault and Battery, false imprisonment, negligent infliction of emotional distress, intentional infliction of emotional distress, promissory estoppel  
Breach of contract, Defamation of character,

Corporate retaliation due to other employee  
 Claims & whistle blower threat. Other employees  
 Claim/complaint of not getting paid fair, <sup>accommodations not met</sup> Their Complaints  
 not also getting addressed, Some of them left at least 3 employ  
 left 2 females 1 male I can recall. I tried to speak up for the  
 Chairs in office uncomfortable. Employees Complaint nothing done  
 about it, employees got exercise Balls to seat on which were  
 Comfortable, one employee rolled off fell & fractured wrist & thumb  
 We were all ordered to get rid of the Balls. I insisted I wanted  
 Wherefore Petitioner demands: the Chair I had long requested for before I get rid  
 of the Ball. I was handed a waiver I decided  
 to get rid of the Ball but requested the  
 appropriate Chair that never came, no one ever  
 Cared to called to see what I really needed or how I feel.

The Petitioner demands: <sup>Judgement against</sup> the respondent for \$5 million dollars  
 plus interest, costs and disbursements  
 The Respondent be ordered to reinstate my VA prerillages

Dated: 11/28/2018

  
 Signature

Name: Reggie Ndifor  
 Address: 10259 Englewood Drive  
 City/State: Eden prairie MN  
 Zip Code: 55347  
 Telephone: 617 413 4952  
 Email: ndiforg74@yahoo.com

**Acknowledgement**

a) I have read this document. To the best of my knowledge, information and belief, the information contained in this document is well grounded in fact and is warranted by existing law.

b) I have not been determined by any Court in Minnesota or in any other state to be a frivolous litigant and I am not the subject of an *Order* precluding me from serving or filing this document.

c) I am not serving or filing this document for any improper purpose, such as to harass the other party to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.

d) I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing of this document, court costs and reasonable attorney's fees.

Dated: 11/28/2018

  
Signature

Name:

Regine Ndifor

Address:

10259 Englewood Drive

City/State:

Eden Prairie MN

Zip Code:

55347

Telephone:

617 413 4952

Email:

ndifor974@yahoo.com

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

---

Regine Ndifor,

Court File No.

Plaintiff,

vs.

**DECLARATION OF  
KAREN BLATT**

Sterling Medical Corporation, St Clairsville  
Medical Group, Inc.,

Defendants.

---

Pursuant to 28 U.S.C. § 1746, I, Karen Blatt, hereby state and declare the following:

1. I am competent to testify and have firsthand knowledge of the matters set forth below.
2. I am the Human Resources Director for both Sterling Medical Corporation ("Sterling Medical") and St. Clairsville Medical Group, Inc. ("St. Clairsville").
3. St. Clairsville is a subsidiary of Sterling Medical.
4. Both Sterling Medical and St. Clairsville are incorporated under the laws of the State of Ohio.
5. Both Sterling Medical and St. Clairsville have their principal places of business at 411 Oak Street, Cincinnati, Ohio 45219.
6. A copy of documents from the Ohio Secretary of State verifying that Sterling Medical is an Ohio Corporation with its principal place of business in Cincinnati are attached as Exhibit 1 to this Declaration.

7. A copy of documents from the Ohio Secretary of State verifying that St. Clairsville is an Ohio Corporation with its principal place of business in Cincinnati are attached as Exhibit 2 to this Declaration.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing statements and declarations are true and accurate to the best of my knowledge and belief.

  
Karen Blatt

12/24/18  
Date

# EXHIBIT 1





DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/29/2012	201233400086	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (12A)	25.00	100.00		.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC  
10 W. BROAD STREET, STE 2300  
ATTN: SALLY L KAPCAR  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**755500**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**STERLING MEDICAL CORPORATION**

and, that said business records show the filing and recording of:

Document(s)

**BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION**

Document No(s):

**201233400086**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 28th day of November,  
A.D. 2012.

*Jon Husted*

Ohio Secretary of State



Form 520 Prescribed by:  
**JON HUSTED**  
 Ohio Secretary of State

Central Ohio: (614) 466-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

Mail this form to one of the following:

Regular Filing (non expedite)  
 P.O. Box 788  
 Columbus, OH 43216

Expedite Filing (Two-business day processing  
 time requires an additional \$100.00).  
 P.O. Box 1390  
 Columbus, OH 43216

## Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Filing Fee: \$25

CHECK ONLY ONE (1) Box

(1) ☒  Biennial Report  
 of Professional  
 Association (102-YRA)  
 (even-numbered years)

Indicate Year

List Profession

(2) ☐  Biennial Report  
 of Limited Liability  
 Partnership (103-YRL)  
 (odd-numbered years)

Indicate Year

If foreign limited liability  
 partnership, provide  
 jurisdiction of formation

Name of Entity

Charter or Registration Number

Complete the information in this section if box (1) is checked

### Shareholders of Professional Association

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name	Address
<input type="text" value="Dr. Ethyl Blatt"/>	<input type="text" value="411 Oak Street, Cincinnati, OH 45219"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2012 NOV 28 PM 4:35  
 CLIENT SERVICE CENTER  
 DEPT OF STATE

Complete the applicable information in this section if box (2) is checked

Address of the partnership's chief executive office:

Mailing Address

City

State

Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

Ohio

State

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City

Ohio

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

RSB

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Richard Blatt

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



# EXHIBIT 2



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/30/2018	201821103982	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (18A)	25.00				0

**Receipt**

This is not a bill. Please do not remit payment.

**KATZ TELLER BRANT HILD  
255 E FIFTH STREET SUITE 2400  
CINCINNATI, US, 45202**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**

**966846**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**ST. CLAIRSVILLE MEDICAL GROUP, INC.**

and, that said business records show the filing and recording of:

Document(s)

**BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION**

**Effective Date: 07/30/2018**

Document No(s):

**201821103982**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 30th day of July, A.D. 2018.

*Jon Husted*

**Ohio Secretary of State**

Form 520 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Date Electronically Filed: 7/30/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

## Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Filing Fee: \$25

Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☒ 2018   
Indicate Year Biennial Report  
of Professional  
Association (102-YRA)  
(even-numbered years)

List Profession

(2) ☐   
Indicate Year Biennial Report  
of Limited Liability  
Partnership (103-YRL)  
(odd-numbered years)

If foreign limited liability  
partnership, provide  
jurisdiction of formation

Name of Entity

Charter or Registration Number

Complete the information in this section if box (1) is checked

### Shareholders of Professional Association

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name

Address

<input type="text" value="ETHYL BLATT MD TRUST"/>	<input type="text" value="411 OAK STREET 2ND FL CINCINNATI 45219"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



Complete the applicable information in this section if box (2) is checked

Address of the partnership's chief executive office:

Mailing Address

City

State

Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

State

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

BRANDON BLATT

Signature

By (if applicable)

Print Name

If an authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If an authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, and an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.